CERTIFICATE OF ASSUMED NAME - CORPORATION

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, I hereby certify that I am an officer in the corporation listed below and that the corporation is conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

Corporate Name:				
Fictitious Name:				
Business Address:				
(City, State &	Zip)			
For foreign corporations only: It is further certified Commonwealth of Virginia on the following date:			3:	
Given under my hand this day of		·		
Officer Name (please print)	Officer Signat	Officer Signature / Title		
Residence Address	City	State	Zip	
Post Office Address (if different from above)	City	State	Zip	
OF	FFICE USE ONLY			
Commonwealth/State ofCity/County of				
Subscribed and sworn to/affirmed before me on t	this date by the above-named	person(s).		
□ N My	CLERK DEPUT NOTARY PUBLIC Commission Expires:			
Nota VIRGINIA:	ary Registration Number:			
n the Clerk's Office of the Circuit Court of the C	County of Chesterfield, the	day of		
this certificate was presented and adm				
Teste: Judy L. W				
By:	, Dep	utv Clerk		